

Unannounced Care Inspection Report 18 June 2019



Positive Futures Crescent Supported Living Service

Type of Service: Domiciliary Care Agency
Address: Castleton Centre, 30a - 34a York Road, Belfast, BT15 3HE
Tel No: 028 9018 3277
Inspector: Aveen Donnelly

www.rqia.org.uk

It should be noted that this inspection report should not be regarded as a comprehensive review of all strengths and areas for improvement that exist in the service. The findings reported on are those which came to the attention of RQIA during the course of this inspection. The findings contained within this report do not exempt the service provider from their responsibility for maintaining compliance with legislation, standards and best practice.

1.0 What we look for



2.0 Profile of service

Positive Futures Crescent Supported Living Service is a domiciliary care agency (DCA) which provides a range of supported living services, housing support and personal care services to 11 individuals living in the Belfast area.

Their care is commissioned by the Belfast Health and Social Care Trust and the Northern Health and Social Care (HSC) Trust.

3.0 Service details

Organisation/Registered Provider: Positive Futures Responsible Individual: Ms Agnes Philomena Lunny	Registered Manager: Not applicable
Person in charge at the time of inspection: Patrick Murtagh	Date manager registered: Patrick Murtagh - application received 21 August 2018 - "registration pending".

4.0 Inspection summary

An unannounced inspection took place on 18 June 2019 from 09.45 to 17.00.

This inspection was underpinned by the Health and Personal Social Services (Quality, Improvement and Regulation) (Northern Ireland) Order 2003, the Domiciliary Care Agencies Regulations (Northern Ireland) 2007 and the Domiciliary Care Agencies Minimum Standards, 2011.

As a public-sector body, RQIA have duties to respect, protect and fulfil the rights that people have under the Human Rights Act 1998 when carrying out our functions. In our inspections of domiciliary care agencies, we are committed to ensuring that the rights of people who receive services are protected. This means we will seek assurances from providers that they take all reasonable steps to promote people's rights. Users of domiciliary care services have the right to expect their dignity and privacy to be respected and to have their independence and autonomy promoted. They should also experience the choices and freedoms associated with any person living in their own home.

The inspection sought to determine if the agency was delivering safe, effective and compassionate care and if the service was well led.

At the request of the people who receive care and support from Positive Futures services, the organisation has requested that RQIA refer to these individuals as 'the people supported'.

There were examples of good practice found throughout the inspection in relation to staff recruitment, training and development, adult safeguarding and risk management. The care records were well maintained and there was evidence that the agency engaged well with the people they supported. There were examples of good practice identified throughout the inspection in relation to the provision of compassionate care. There were good governance and management arrangements in place, which focused on continuous quality improvement initiatives and maintaining good working relationships.

It was evident throughout the inspection that the agency promoted the human rights of the people they supported; this was evident particularly in relation to the areas of consent, autonomy, equality, choice, privacy, dignity, decision-making and confidentiality.

No areas for improvement were identified.

The people supported and their representatives indicated that they were happy with the care and support provided.

The findings of this report will provide the agency with the necessary information to assist them to fulfil their responsibilities, enhance practice and the experience of the people they support.

4.1 Inspection outcome

	Regulations	Standards
Total number of areas for improvement	0	0

This inspection resulted in no areas for improvement being identified. Findings of the inspection were discussed with Patrick Murtagh, manager, as part of the inspection process and can be found in the main body of the report.

4.2 Action/enforcement taken following the most recent care inspection dated 20 September 2018

No further actions were required to be taken following the most recent inspection on 20 September 2018.

5.0 How we inspect

Prior to inspection the inspector reviewed the following records:

- previous RQIA inspection report
- records of notifiable events reported to RQIA since the last care inspection
- all correspondence received by RQIA since the previous inspection

A range of documents policies and procedures relating to the service were reviewed during the inspection and are referred to within the body of the report.

At the request of the inspector, the manager was asked to display a poster prominently within the agency's registered premises. The poster invited staff to give their views and provided staff with an electronic means of providing feedback to RQIA regarding the quality of service provision. No staff responded within the timeframe for inclusion within this report.

Questionnaires were also provided for distribution to the people supported and their representatives; four were returned and details of the responses are included within the report.

The inspector spoke with one of the people supported, seven staff members and four relatives. Following the inspection, the inspector spoke to one relative by telephone on 20 June 2019. Comments received are included within the body of the report.

6.0 The inspection

6.1 Review of areas for improvement from the most recent inspection dated 20 September 2018

No areas for improvement were identified.

6.2 Is care safe?

Avoiding and preventing harm to service users from the care, treatment and support that is intended to help them.

During the inspection the inspector reviewed that agency's processes for avoiding and preventing harm to the people supported and this included a review of the staffing arrangements in place. No concerns were raised with the inspector in relation to the staffing levels and the needs of the people supported not being met. The agency's staffing arrangements were discussed with the management team and the inspector was advised that recruitment of staff was in progress.

The organisation has a dedicated human resources department which oversees the recruitment processes, including the completion of appropriate pre-employment checks. A review of the recruitment checklist identified that the required checks had been undertaken in keeping with regulation.

New employees were required to complete an induction which included training identified as necessary for the service and familiarisation with the needs of the people supported. The review of two induction workbooks verified that all staff were provided with an induction period which exceeded the timescales outlined within the Regulations. It was good to note that Human Rights was included in the induction programme.

There was a rolling programme of training, competency assessments, supervision and appraisals and these areas were routinely monitored as part of the monthly quality monitoring processes. It was good to note that additional training had been provided to staff in areas such as epilepsy awareness, Positive Behaviour Support, equality and diversity, confidentiality, Makaton sign language and data protection. Specific training had also been provided to staff in relation to specific needs of the people supported, as required.

Arrangements were in place to embed the new regional operational safeguarding policy and procedure into practice. The role of the Adult Safeguarding Champion (ASC) was discussed during the inspection and the inspector was advised that there is an identified person within the organisation who holds this responsibility and ensures that the organisation's safeguarding activity is in accordance with the regional policy and procedures. The inspector was advised that there had been a small number of incidents which had been referred to adult safeguarding since the date of the last inspection. Discussion with the management team identified that these had been reported appropriately.

The inspector reviewed a sample of accident and incident records and confirmed that they had been managed appropriately. These areas were reviewed by the management team as part of their quality monitoring processes. It was good to note that the management team had an overview of the incidents and accidents which occurred, which enabled them to identify patterns

and trends, which were then referred to the relevant HSC representative. This is good practice and is commended.

The inspector discussed the recent changes the ambulance service has made in relation to how they plan to respond where a person supported by the agency has fallen, but are uninjured. The inspector discussed the agency's arrangements for managing this and the manager was advised to identify any potential challenges to this and to liaise with the relevant trusts, as appropriate.

During the inspection the inspector reviewed the agency's arrangements for identifying, managing and where possible eliminating unnecessary risk to the health, welfare and safety of the people supported. Records confirmed that comprehensive risk assessment had been completed in conjunction with the people supported and their representatives. There was evidence of positive risk taking in collaboration with the people supported and/or their representatives, the agency and the Health and Social Care (HSC) trust.

There was a policy and procedure in place relating to human rights and restrictive practices. The inspector was advised that staff had received training in human rights as part of the Positive Behaviour Support training. Any restrictive practices used, were considered and agreed in conjunction with the people supported and their relevant representatives. A review of the records confirmed that restrictive practices were reviewed on a regular basis and were overseen by the management team.

It was good to note that the agency had recognised possible restrictions on the people supported that had been imposed upon them by a third party. The agency had engaged an independent advocate to support the person in this regard and there was evidence that the management team were supporting the staff through various means, to ensure that they also felt empowered to advocate of the behalf of the person they supported to ensure that their human rights were upheld. This was discussed with the manager who agreed to liaise with RQIA in relation to this specific matter should they feel that sufficient progress is not being made in this regard. This matter will be followed up at future inspection.

Care records and information relating to the people supported were stored securely and accessible by staff when needed.

Areas of good practice

There were examples of good practice found throughout the inspection in relation to staff recruitment, training and development, adult safeguarding and risk management.

Areas for improvement

No areas for improvement were identified in this domain during the inspection.

	Regulations	Standards
Total number of areas for improvement	0	0

6.3 Is care effective?

The right care, at the right time in the right place with the best outcome.

Following the last care inspection, it was good to note that issues with consent had been addressed and the inspector was provided with all requested records.

The review of the care records identified that they were comprehensive, person-centred and maintained in an organised manner. The care records evidenced referral information, risk assessments and care plans. The review of the care records evidenced that the agency was committed to promoting the human rights of the people they supported; this was particularly evident in relation to staff knowing what was important to the people they supported and how best they could support them. A gifts and capabilities tool was used, to identify the things the people supported did well, so that the staff would be aware of the areas they needed support in. The care records clearly identified how the staff supported the people they supported in decision-making and it was evident where people declined care or support, this was respected by staff.

The people supported were provided with a Support Agreement, which was provided in a suitable format, as appropriate to their needs. This provided the people supported with information relating to the care they should expect from Positive Futures and the elements of the support provision they may have to pay for. The Support Agreement outlined Positive Future's responsibilities and the rights each person supported were entitled to; this included the persons' right to privacy, the right to fair treatment, the right to have someone advocate on their behalf, the right to be consulted and the right to complain. Consent was also obtained from the people supported in relation to the staff members who could gain access to the home of the person supported. This is good practice and is commended.

Care review records were reviewed and it was noted that the people supported or their representatives were involved in the care review process, as appropriate.

No concerns were raised during the inspection with regards to communication between the people supported, their representatives and other key stakeholders. Review of the care records evidenced that collaborative working arrangements were in place with the representatives of the people supported and other key stakeholders.

Staff meetings were held on a regular basis and minutes were available for those who were unable to attend.

The agency had robust quality monitoring systems in place to audit and review the effectiveness and quality of care delivered to the people supported by the agency.

Quality monitoring reports indicated consultation with a range of the people supported, relatives, staff and where appropriate HSC Trust representatives.

Areas of good practice

There were examples of good practice found throughout the inspection in relation to the quality of the care records and the agency's engagement with the people supported.

Areas for improvement

No areas for improvement were identified in this domain during the inspection.

	Regulations	Standards
Total number of areas for improvement	0	0

6.4 Is care compassionate?

Service users are treated with dignity and respect and should be fully involved in decisions affecting their treatment, care and support.

The inspector discussed arrangements in place relating to the equality of opportunity for the people supported and the need for staff to be aware of equality legislation whilst also recognising and responding to the diverse needs of the people supported in a safe and effective manner. The manager advised that equality and diversity was included as part of the induction programme.

Discussions with the manager and a review of the records confirmed that the agency engages equally with the people they support, regardless of their abilities, their background, choices or their lifestyle.

Some of the other areas of equality awareness identified during the inspection included:

- effective communication
- adult safeguarding
- advocacy
- equity of care and support
- individualised person-centred care
- individualised risk assessments
- disability awareness

The review of the care records identified that there were good systems in place to assist staff in understanding the needs of the people they supported, where they had limited or different communication skills. It was good to note that guidance was available within the care records, which helped staff to identify the signs each person showed, to indicate if they were anxious or if they were in pain.

Reports of quality monitoring visits indicated the agency had systems for regularly engaging with the people supported and where appropriate relevant stakeholders.

The inspector spoke with one of the people supported, who indicated that they were happy with the care and support provided. The inspector also spoke with seven staff members and four relatives. Following the inspection the inspector also spoke to one relative by telephone on 20 June 2019. Some comments received are detailed below:

Staff

- “Everything is ok.”
- “I get enough support.”
- “Everything is fine.”

- “They (Positive Futures) are lovely people to work for.”
- “Everything is grand here.”
- “I am ok.”
- “I am happy.”

Representatives of the people supported

- “It is going very well, everything is great, there are different staff on all the time, but (name of the person supported) knows them all.”
- “We are very happy with Positive Futures and are very happy with the staff situation.”
- “I couldn’t say a bad word about them.”
- “I am very happy, they are good at communicating with me and I am very, very happy.”

Following the inspection, the inspector spoke to one relative by telephone on 20 June 2019. The inspector was satisfied that the agency and the trust were aware of the issues discussed and that these matters were being dealt with in accordance with the agency’s policies and procedures.

The returned questionnaires from the people supported and their relatives indicated that that they were ‘very satisfied’ that the care was safe, effective and compassionate; and that the service was well led. Written comments included:

- “I am happy with my care.”

Areas of good practice

There were other examples of good practice identified throughout the inspection in relation to the provision of individualised care and engagement with the people supported with the aim of promoting their safety and improving the quality of the service provided.

Areas for improvement

No areas for improvement were identified in this domain during the inspection.

	Regulations	Standards
Total number of areas for improvement	0	0

6.5 Is the service well led?

Effective leadership, management and governance which creates a culture focused on the needs and experience of service users in order to deliver safe, effective and compassionate care.

The agency is managed on a day to day basis by the manager, with the support of three deputy managers, six senior support workers and a team of support staff. It was identified that the agency has effective systems of management and governance in place.

The staff members spoken with confirmed that there were good working relationships and that management were responsive to any suggestions or concerns raised.

All staff are required to be registered with the NISCC. The manager confirmed that information regarding registration and renewal dates were maintained by the agency. A review of NISCC records confirmed that all staff were currently registered. The staff induction workbook provided new staff with information on the NISCC Induction Standards.

There had been a small number of complaints received from the date of the last inspection and these were deemed by the inspector to have been managed appropriately and in accordance with legislation, standards and the agency's own policies and procedures.

It was good to note that the people supported could avail of advocacy services, if required and the management team discussed with the inspector ways in which the independent advocacy service has been supporting one of the people supported, to ensure their human rights were upheld.

Monthly quality monitoring visits were completed in accordance with Regulation 23 of The Domiciliary Care Agencies Regulations (Northern Ireland) 2007. An action plan was generated to address any identified areas for improvement and these were followed up on subsequent months, to ensure that identified areas had been actioned.

The quality of the service provision was also reviewed on an annual basis. This identified good consultation with relevant stakeholders and included an overview of key service indicators, such as staffing arrangements, incidents and accidents, adult safeguarding and staff training and the management of complaints. It was good to note that the annual report evidenced improvements in all areas, when comparisons were made to previous years. This evidenced the agency's commitment to continuous quality improvement. This is good practice and is commended.

There was a system in place to ensure that the agency's policies and procedures were reviewed at least every three years. Policies were held in hard copy and in electronic format and were accessible to staff.

There was evidence of effective collaborative working relationships with key stakeholders, including the relevant HSC Trust representatives, families of the people supported and staff. The agency had received positive feedback through the quality monitoring report from HSC trust' representatives regarding the ability of the agency staff to work in partnership to meet the needs of the people supported.

The registered person has worked effectively with RQIA to operate and lead the organisation in maintaining compliance with Regulations and Minimum Standards.

On the date of inspection the certificate of registration was on display and reflective of the service provided.

Areas of good practice

There were good governance and management arrangements in place, which focused on quality improvement initiatives and maintaining good working relationships.

It was evident in all four domains that the agency promoted the human rights of the people they supported; this was evident particularly in relation to the areas of consent, autonomy, equality, choice, privacy, dignity, decision-making and confidentiality.

Areas for improvement

No areas for improvement were identified in this domain during the inspection.

	Regulations	Standards
Total number of areas for improvement	0	0

7.0 Quality improvement plan

There were no areas for improvement identified during this inspection, and a QIP is not required or included, as part of this inspection report.



The **Regulation** and
Quality Improvement
Authority

The Regulation and Quality Improvement Authority
9th Floor
Riverside Tower
5 Lanyon Place
BELFAST
BT1 3BT

Tel 028 9536 1111
Email info@rqia.org.uk
Web www.rqia.org.uk
 [@RQIANews](https://twitter.com/RQIANews)